

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576461

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1		1			
5		1		1		
6		2		1		
7		2		1		
8		0		1		
9		0		1		
10		0		1		
11		0		1		
12		0		1		
13		0		1		
14	1		1			
15	1		1			
16	1		1			
17		0		2		
18		0		1		
19		0				
20		0		1		
21		0		1		
22		0		1		
23		0		1		
24		0		1		
25		0		1		
26		0		1		
27		0		1		
28		0		2		
29		0		1		
30		0		2		
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50						
TOTAL IND.	7	↓	4	↓		↓
TOTAL DEP.	28	←	29	←		←
TOTAL CLAIMS	35		33			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						